

SERIAL NUMBER <div style="text-align: center;">09/335,129</div>	FILING DATE <div style="text-align: center;">06/17/99</div>	CLASS <div style="text-align: center;">379</div>	GROUP ART UNIT <div style="text-align: center;">2742</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">024/1</div>
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APPLICANT

CHRIS HAMILTON, MONTCLAIR, NJ.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED  
None *ML*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED  
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**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED  
None *ML*

  
  
  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/19/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <div style="text-align: center;">NJ</div>	SHEETS DRAWING <div style="text-align: center;">1</div>	TOTAL CLAIMS <div style="text-align: center;">10</div>	INDEPENDENT CLAIMS <div style="text-align: center;">2</div>
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ADDRESS

KAPLAN & GILMAN LLP  
 900ROUTE 9 NORTH  
 WOODBRIDGE NJ 07095

TITLE

VIDEO CONFERENCING TERMINAL

FILING FEE RECEIVED  <div style="text-align: center;">\$890</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees           <input type="checkbox"/> 1.16 Fees (Filing)           <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)           <input type="checkbox"/> 1.18 Fees (Issue)           <input type="checkbox"/> Other _____           <input type="checkbox"/> Credit _____         </div>
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